

ACCOUNT CHANGE INFORMATION

DO NOT return this form if no changes have occurred. If you supply information on this form enter your UI Account Number and Legal Name from your Contribution/Wage Report. Return this form with your Contribution Report to UI Division, P.O. Box 7945, Madison, WI 53707.

MUST BE COMPLETED IF CHANGES OCCURRED	UI Account Number	Legal Name
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Enter changes for listed items or complete if any item is blank on your Contribution/Wage Report.

CHANGES	New Legal Name	New Address
	New Trade Name	
	New Federal E.I. Number	
	New Telephone Number	

Enter appropriate information on any change in your business operations.

CLOSED BUSINESS	<input type="checkbox"/> Liquidation <input type="checkbox"/> Death <input type="checkbox"/> Other, Specify _____	Date of Last Employment _____/_____/_____
NO EMPLOYMENT IN THIS QUARTER	<input type="checkbox"/> Business Continuing Without Employees (Explain Below Under Other Change)	Date of Last Employment _____/_____/_____
	<input type="checkbox"/> No Employees - a Temporary Situation	Approximate Date Employment Will Resume _____/_____/_____
	<input type="checkbox"/> Employing Independent Contractors	

*** Section 108.16(8)(k), Wis. Stats. requires WRITTEN NOTICE WITHIN 30 DAYS OF CHANGE.**

* REORGANIZED BUSINESS	Briefly Explain the Reorganization:		Date of Reorganization _____/_____/_____ New Legal Name _____ New Address _____	
* TRANSFERRED/ SOLD OR ACQUIRED BUSINESS	Date Transferred/Sold or Acquired _____/_____/_____	Check one: <input type="checkbox"/> Business Transferred To: or <input type="checkbox"/> Business Acquired From:		
	Check one: <input type="checkbox"/> Total Sale <input type="checkbox"/> Partial Sale <input type="checkbox"/> Total Purchase <input type="checkbox"/> Partial Purchase	Legal Name _____ Trade Name _____ Address _____ UI Account No. _____ Telephone No. (_____) _____		
OTHER CHANGE	Explain			
CONTACT PERSON	Above Information Supplied by		Date	
	Person to Contact for Additional Information		Telephone Number ()	